

the seizure occurred, but it was of a very mild type. I kept her on scruple doses of the bromide up to the 15th July, seeing her during this time on six occasions. She remained quite free from attacks up to the time of her dismissal in July, and on the 3rd November I heard that her good health had been uninterrupted. I do not mean to say that she is cured; but in 1861 and 1862 her life was a burden in consequence of frequent attacks, and from these she has enjoyed an immunity for three, four, or five months.

Systematic writers on *materia medica* have dwelt much on the anaphrodisiac influence of bromide of potassium. I do not think its beneficial influence is to be looked for in a simple lowering of the sexual power. When that power is unduly drawn upon, a degree of irritation is produced which the bromide may calm. But in the case above related, I had the fullest opportunities of learning from the husband that there never had been any diminution in his wife's *empressement*. And to arrive at greater certainty, the husband coming under my care for some trivial ailment during his wife's attendance at the hospital, I took the opportunity of administering the bromide of potassium to him in fifteen and twenty grain doses three times a day. The information supplied after the lapse of a month satisfied me that here, at all events, the depressing property of the drug was *nil*. Where there is irritation and frequent priapism, the result of onanism or venereal excess, and where there is every reason to conjecture that such irritation is at the bottom of the epileptic seizures, then the bromide of potassium is, I think, of service. Dr. McDonnell has promised us some further observations which it is probable will throw still more light on this important subject.

As confirmatory of the conjecture hazarded above respecting epilepsy in the male subject, I add a few notes of an hospital case which will bring this paper to an end.

CASE 2.—E. B—, aged sixteen, came to the West London Hospital in June last. His appearance is heavy, he complains of loss of memory, is partially deaf, and the pupils are much dilated. At twelve years of age, when working in a gun-factory, he contracted bad habits, which he has continued to indulge up to the present time. Sometimes he has practised self-abuse three and four times a day. The bowels are costive, and there is a feeling of weight at the vertex. Before he was thirteen years of age he had several fits, which his friends describe to me as most severe, his struggles being extremely violent, and his tongue often bitten through. There was an intermission of eighteen months, followed by a fresh series of fits; and he then went to Salisbury Infirmary. The change of air and the medical treatment effected but little good; and when he returned to London he had "twitchings of the face," and fits almost every day. In June and July he was under my care, and I gave him the bromide three times a day in doses gradually increased to twenty-five grains. The attacks gradually became less frequent, and he was entirely free from them all through August. On the 2nd of September his friends brought him again, as he had suffered from a slight fit during the night. I resumed the bromide; and, after taking it a fortnight, he felt better, and had no "twitchings" and no sign of a fit. Up to the present date (Nov. 21st) this lad has had no further seizures; and I think it reasonable to regard his improvement as due to the influence of the drug, coupled with obedience to my enjoining a strict abstinence from vicious habits.

Grosvenor-street, Grosvenor-square, Dec. 1864.

TWO CASES OF STONE IN THE BLADDER WHERE THE LITHOTRITE-SCOOP WAS SUCCESSFULLY USED.

By HENRY SMITH, F.R.C.S.,

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In his late lecture at the College of Surgeons on Lithotomy and Lithotripsy, my old teacher and present colleague, Professor Fergusson, was good enough to refer to a case of mine which in a remarkable degree illustrated the value of the practice the lecturer was inculcating—viz., the extraction of the fragments after the operation of lithotripsy, in a paralysed bladder especially. This reference was of necessity only brief, but it was sufficiently marked to show the extreme interest and value of the case; and as I believe there is no record of any instance

where such large fragments were extracted, I think it right to publish the details of it; and as another case has very recently been under my care which illustrates in a more remarkable degree, perhaps, the value of the practice which Mr. Fergusson has done so much to perfect, I shall put the two together.

I was requested in September, 1862, by my friend Dr. Cross, of Spring-gardens, to see Mr. S—, aged seventy-two, who had been suffering for about eighteen months with a bladder complaint, for which he had been under the treatment of various practitioners. The symptoms had all along denoted considerable irritation of the organ, but during the eight months preceding my attendance he had completely lost the power of expelling his urine, consequently he was obliged to have the bladder emptied regularly with the catheter. Fortunately, he had of late been able to pass a catheter for himself. It does not appear that either of the gentlemen who had been in the habit of passing an instrument for him had diagnosed the existence of stone. Dr. Cross, however, who had not examined him, at once suspected the presence of a calculus.

On examining him, I found he was a healthy, hale old man, with the exception of his local symptoms, which were very severe. He drew off by the catheter a quantity of offensive and muco-purulent urine, showing that the bladder was in a state of inflammation. He suffered from great pain and restlessness. On local examination, I found he had a large and healthy urethra, but a hard and enlarged prostate; and on introducing a sound I at once struck a large, hard stone. Thus was indicated the source of his prolonged sufferings. I ordered some local and general measures to allay the irritation and prepare the patient, and during this interval of a few days I carefully considered the nature of the operation I should adopt.

Lithotomy was first discussed, as it seemed to be indicated by the paralysed condition of the bladder and the size of the stone; but to this the patient strongly objected, and I must confess that his age appeared to be an obstacle to the success of the cutting operation. Lithotripsy then was the only resource; but the size of the stone, the paralysed condition of the bladder, and the state of the prostate, offered grave objections to this practice. On the other hand, the large size of the urethra and its freedom from irritability were favourable circumstances. Hesitating as to what could be done, I got Mr. Fergusson's advice, and, after seeing this patient, he carefully considered the matter with me, and recommended me to crush the stone, and then to do the best I could by removing the fragments with the scoop.

On the 4th of October I introduced a large lithotrite and broke the stone. This operation was followed by great relief to the symptoms, and by washing out the bladder daily I managed to get rid of a quantity of small fragments, and one of large size was extracted in this way, it having become impacted in the eye of the catheter, and thus it was pulled out.

After the lapse of a few days, I repeated the process of lithotripsy, breaking up large fragments into smaller pieces, but purposely avoiding anything like minutely dividing or pulverizing them; and, having again well washed out the bladder on several occasions, so as to get rid of all small pieces, I began the process of picking out the larger portions with the small lithotrite-scoop, and succeeded in extracting several fragments of great size. In consequence of the large size and insensibility of the urethra, very little disturbance was produced by these extractions, but they necessarily lasted over a long period, as I could not repeat them very often. At the end of November I had extracted six large fragments of lithic acid calculus, varying from the size of a large bean to that of a hazel nut.

On Nov. 30th I had the first mishap with the patient. I got hold of a very large rugged fragment, and found it too large to come through the orifice of the bladder. I therefore dropped the stone, and catching it in another axis, got it out of the bladder into the urethra; but, unluckily, the instrument slipped just as it was passing through the triangular ligament, and there the stone became impacted. I was fortunately able to pass a gum-elastic catheter by the side of the stone every few hours, and thus relieve the bladder. I was, however, called up in the night, and found Mr. S— in great suffering. He had vainly attempted to pass the catheter himself, and during his efforts the bladder had, for the first time for many months, acted spontaneously, and about three ounces of bloody urine were spasmodically expelled. He assured me the stone was driven on towards the orifice, and on examination I found it sticking in the urethra about three inches from the meatus. By means of a long director-scoop I fortunately drew out an immense fragment, of triangular shape, and thus relieved his sufferings.

Curiously enough, there was but little disturbance, local or

general, after this severe business, and at the expiration of a week I introduced a lithotrite-scoop, and extracted the enormous fragment which Mr. Fergusson showed in the course of his lecture. It is three quarters of an inch long by nearly half an inch in breadth, and its extraction was neither attended nor followed by much irritation, as I was enabled to catch the foreign body in its long axis, and of course I accomplished the process slowly and cautiously.

I was in hopes that by this time I had cleared the bladder, but, on examination in a week, I detected another large fragment, seized it with the lithotrite-scoop, and managed to get it out of the bladder into the prostatic portion of the urethra; but there it stuck fast, and I could neither get it backwards nor forwards. After some manœuvring I disengaged the scoop, but I could not alter the position of the large stone, and I was afraid I should be obliged, at the eleventh hour, to use the knife; but before resorting to it I determined to try and alter the position of the stone. For this purpose I introduced a very large solid sound down to the obstruction, and then, passing my finger into the rectum, I used a considerable amount of force with the instrument, and pushed the calculus back into the bladder. The patient after this suffered from some bleeding and soreness, but was able to pass his catheter as usual for himself; and in the Christmas week I introduced a lithotrite, broke the fragment, and was luckily enabled to extract with the scoop two large pieces of stone, one of which was almost the size of the largest hitherto removed.

After this the patient was so much relieved, and was so well able to attend to his ordinary business, that, after carefully sounding the bladder and not finding anything, I took my departure, telling him to let me know if he suffered anything particular. Of course he had not regained the power of his bladder, and was obliged to use the catheter regularly as before.

About a month after the last operation I was requested to see him, and on careful sounding detected a foreign body, and, on introducing the scoop, succeeded in removing a good-sized fragment of the original calculus, and by means of the syringe got away another small fragment.

From this time it was evident that the bladder was quite clear of the original stone, but in consequence of the palsied condition of the organ, there has been a continued disposition for the formation of phosphatic deposits, as from time to time there has been a good deal of irritation; and on washing out the bladder and introducing the scoop on such occasions I have been able to extract portions of soft phosphatic stone, but never anything like the original calculus. In other respects Mr. S— continues in good health.

The second case was that of a boy aged sixteen, who applied to me at King's College Hospital in April last, bringing in his hand a small lithic acid calculus, which he had passed that day after severe irritation and retention of urine. It was about as large as a pea, of a triangular shape, and with a facet on it, thus showing the presence in the bladder of one or more stones. On sounding him I detected one or more stones, and sent him into the wards, April 25th. On introducing the very smallest lithotrite-scoop into the bladder, I got hold of a stone and extracted it. It was of a triangular shape, and at least double the size of the one he had passed.

May 3rd.—He suffered very little irritation since, and on examination to-day another stone was detected.

4th.—The house-surgeon was called up in the night, and, finding the boy suffering from retention, passed a catheter, and detected a stone at the back of the urethra, which he pushed back into the bladder.

On the following day I introduced the lithotrite-scoop and managed to seize the stone, and with great care got it out of the bladder along the urethra as far as the fossa navicularis, but from this point it would not budge; and I could not, after repeated trials, disengage the blades of the instrument. In this predicament I attempted to crush the stone in the urethra; but the stone was so hard, and the lithotrite so fine, that I could not succeed in doing this. I therefore put the boy under the influence of chloroform, and made an incision down upon the stone, and readily got it out of the urethra. It was of the size of a small bean, and nearly round; and thus the difficulty of extracting it through the orifice of the urethra was accounted for.

The boy's urine was drawn off twice daily by the catheter. No suffering beyond a little cedema of the prepuce occurred, and he was discharged in ten days, the wound in the urethra being healed; and on sounding him no other stone was detected.

It would be difficult to meet with two instances better

adapted to illustrate the value of the practice of extracting fragments of stone, for in both instances it would appear to those who had not witnessed this kind of treatment that lithotomy was indicated, and yet in each the foreign bodies were removed without the resort to any such dangerous proceeding. It is true that in the first case the treatment extended over a very long period—upwards of three months; and most certainly the endurance of the patient and the resources and patience of the surgeon were tried to the utmost; but such must always be the case in similar instances. Nevertheless, if even after a period of three months a large stone is broken up and extracted from a bladder which is completely palsied, without putting the patient's life in the least jeopardy, our reward is sufficient; and I look upon the fact as a great triumph of surgery. Moreover, this case in itself shows that the existence of a paralysed bladder in connexion with stone is not a contraindication to lithotripsy, provided the surgeon avails himself of the use of the lithotrite-scoop, and has the patience and tact necessary for its successful employment. As Mr. Fergusson has suggested, the instrument in question must of necessity be of small size. The one I am in the habit of using for the extraction of fragments is about the size of a No. 4 catheter, but I think that Mr. Fergusson uses one actually smaller than this.

Caroline-street, Bedford-square, Dec. 1864.

SINGULAR COMPLICATED LABOUR,

CAUSED BY

IRREGULARITY OF THE SACRUM WITH INFANTILE HYDROCEPHALUS.

By D. JOHNSON, M.D.

On the afternoon of the 22nd of September last, about four o'clock, a messenger came to me with a request from my neighbour, Dr. Fosbroke, to visit a patient of his in labour. She was forty-five years of age, and had had seven children, the last two being twins. On examination, I found the nates presenting in the pelvis, but high up. The coccyx and lower bones of the sacrum had been driven in towards the pubes by an accident, and were so unyielding that pressure appeared to exercise little or no power; thus affording little available space for the natural transit of a full-grown infant. The external parts and vagina were considerably swollen, hot, and painful, and there was great abdominal tenderness; pulse 140; great thirst and restlessness. There were pains every five or six minutes; and she complained of great exhaustion.

Dr. Fosbroke had been in attendance for more than twenty-eight hours, and assured me that there had not been the least progress since his first examination. It was evident, therefore, both to him and myself, from the present state of things and the expulsive character of the pains, that the child would never be expelled unless artificial assistance was resorted to; so after waiting the further effect of a few pains we agreed upon delivery as soon as possible.

With some difficulty I managed to hook my right finger over the right groin of the child, and proceeded to make extension with gentle but tolerable force, especially during the presence of a pain. In this, however, I was defeated, after having spent a full half-hour in attempting to deliver, and without having effected the slightest advancement, for, on the cessation of pain, the child at once receded into the position it had occupied for hours. I then proposed to bring down a leg, and succeeded, and after one hour's hard work delivered the shoulders. At this juncture it became manifest that there was something more than the impediment offered by the condition of the sacrum, as I vainly attempted to extract the head. The face fronted the sacrum, and passing my fingers as high as possible, the head was evidently larger than would pass without exercising still greater force than I felt justifiable, so we agreed to wait a few minutes.

Here it occurred to me that this was a case of hydrocephalus; and, as the child was already dead, we determined to perforate, which I effected through the roof of the mouth, and on reaching the skull the contents were expelled with considerable report, the delivery being then accomplished in a few seconds. The funis, although not coiled round any part of the child, was found to have separated at the placenta, and there being no